## **Center For Domestic Preparedness**

You will select your dates by week

number and your class (s) by selecting a

Program Letter. Please designate your

Training Course Application d Accurately)

(FOR CDP USE ONLY)	(Please Print Legibly and
TOR CDI CDE OTIEIT	

(FOR CDP USE ONLY)	(= ====================================	three choices by listing the desired week of training and program letter found on			
Name:	Male	_	g calendar:		ound on
(First) (MI)			Choice	Choice	Choice
Social Security Number: (For Student Record Use	Date of Birth:		#1	#2	#3
Mailing Address:	Organization/Work Address:	Week #			
(Street address)	(Organization Name)	Program			
(City, State, Zip)	(Street Address)	HOT and ITC Courses will require the submission of a pre-requisite			
(Home telephone or cell number)	(City, State, Zip)	certificate.			
(Fax number)	(Work Phone Number and ext)	Any questions should be referred to your Regional Training Coordinator:			
Email		East Region 866-213-9546			
Profession: Posit	tion/Title:	Central Region 866-213-9547			
Airport of Departure:	Or if driving, Check Here	West Region 866-213-9548 Help Line- 866-213-9553			
Area of Jurisdiction City □ Township □ County □ Metro □ District □ State □ Federal □ National □ Port □ Tribal Territory □	Discipline: Fire Suppression □ EMS □ Emergency Mgmt □ HAZMAT □   Law Enforcement □ Public Works □ Governmental Administrative □   Public Health □ Health Care (Non EMS) □ Public Safety Communications □				
Other (Please specify)	Other (Please specify)				

NOTICE: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals whether the disclosure is mandatory or voluntary. Your Social Security Account Number (SSN) will be used to identify you precisely when it is necessary. Although disclosure of your SSN is not mandatory, your failure to do so may impede selection for training at the Center for Domestic Preparedness.